

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Freedom Partners Action Fund, Inc.		FEC IDENTIFICATION NUMBER ▼	
		<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> C C00564765 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	
		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 17 / 2014</div> </div>	

Full Name of Payee FP1 STRATEGIES LLC			Date of Public Distribution/Dissemination	
Mailing Address PO BOX 16504			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 16 / 2014</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22302	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">27000.00</div>	
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>	Transaction ID : SE24.80 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 16 / 2014</div> </div>	
Name of Federal Candidate KAY R. HAGAN			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">443132.06</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee FP1 STRATEGIES LLC			Date of Public Distribution/Dissemination	
Mailing Address PO BOX 16504			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 16 / 2014</div> </div>	
City ALEXANDRIA	State VA	Zip Code 22302	Amount <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">2950.00</div>	
Purpose of Expenditure TV/MEDIA PRODUCTION		Category/Type <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"></div>	Transaction ID : SE24.81 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY 09 / 17 / 2014</div> </div>	
Name of Federal Candidate KAY R. HAGAN			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">443132.06</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;">29950.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; display: inline-block; padding: 2px 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas F. Maxwell III

[Electronically Filed]

Date

MM / DD / YYYY
09 / 17 / 2014

Signature